# PESTICIDE ILLNESS REPORT

## (For illnesses caused by pesticides--including sanitizers and disinfectants)

PATIENT:	
Name: Age: Sex: $[]^1M$ $[]^2F$	
Address: City: County:	
Phone No.: ( ) Social Security Number:	
Occupation: Language [ ] <sup>1</sup> English [ ] <sup>2</sup> Spanish [ ] <sup>3</sup> Other	
PUNCIONAL EN INO DEPORT	
PHYSICIAN FILING REPORT:	
Physician's name:	
Physician's address:	
INJURY:	
At Address: City: County:	
Was injury: [ ] <sup>1</sup> At Home [ ] <sup>2</sup> At Workagriculture [ ] <sup>3</sup> At Worknonagriculture [ ] <sup>4</sup> Other exposure	
If at work: a) Employer's name:	
Employer's address:	
1) 14	
b) Manager or Supervisor:	
Date of exposure: / / Time of exposure: [ : ] a.m. [ : ] p.m.	
Date of illness: / / Date of death: / /	
Is there reason to believe others were exposed? [ ] 1 No [ ] 2 Yes	
PATIENT'S DESCRIPTION OF EXPOSURE:	
Activity at time of exposure:	
[ ] <sup>1</sup> Applying pesticides [ ] <sup>2</sup> Manufacturing pesticides [ ] <sup>3</sup> Mixing pesticides [ ] <sup>4</sup> Entering pesticide at [ ] <sup>5</sup> Disposing of pesticides or their containers [ ] <sup>6</sup> Eating contaminated food	reas
[ ] Disposing of pesticides or their containers [ ] Eating contaminated food [ ] Other exposure (explain):	
Name of pesticide(s):  Ingredient(s) of pesticide(s):	
realite of positione(s).	
Primary route of exposure: [ ] <sup>1</sup> Oral [ ] <sup>2</sup> Dermal [ ] <sup>3</sup> Eye [ ] <sup>4</sup> Inhalation [ ] <sup>5</sup> Unknown	
DUVOLOLANIO DECODIDEION OF EVDOCUDE.	
PHYSICIAN'S DESCRIPTION OF EXPOSURE:	
Date first seen / / Time first seen: Major signs, symptoms, adverse reactions:	
iviajor signs, symptoms, adverse reactions.	
Hospitalized? [ ] 1 No [ ] 2 Yes If Yes, hospital name: City:	
Emergency room only? [1] No. [12 Yes	
Emergency room only? [ ] No [ ] Yes Physician's office only? [ ] No [ ] Yes	
Diagnostic studies ordered? [] <sup>1</sup> No [] <sup>2</sup> Yes If Yes, which studies?	
Diagnosis:	
Treatment:	
Brief description of incident (if female, indicate if pregnant):	
AGENCY COMPLETING FORM:	
Agency/County: By whom:	
Address:	
Phone no.:	
Form OEH-PETS 004 (Rev. 6/01)(PIR R99.doc)	

### **AUTHORITY**

#### Part 1. Physician Responsibility

The Health and Safety Code (Section 105200) requires that a physician who knows, or has reasonable cause to believe, that a patient has a pesticide-related illness must report that case to the local health officer by telephone within 24 hours. The reporting requirement includes all types of pesticide cases: skin and eye injuries, systemic poisonings, suicides, homicides, home cases, and occupational cases. **Failure to comply with the foregoing reporting requirement renders the physician liable for a civil penalty of \$250.00.** 

A case seen as a pesticide poisoning, or suspected as a pesticide poisoning, may not be categorized as "first-aid" and must be reported (Health and Safety Code, Section 105200).

For occupational cases, there is the additional requirement to send a copy of the "Doctor's First Report of Occupational Injury or Illness" (DFR) to the local health officer within seven days and also to send the DFR to the State Department of Industrial Relations.

## Part 2. Responsibility of the Local Health Department Regarding Pesticide Illness Reporting

Each local health officer shall immediately notify the county agricultural commissioner and shall report to the Director, Department of Pesticide Regulation, the Director, Office of Environmental Health Hazard Assessment, and, for occupational cases, the Director, Department of Industrial Relations, on a form prescribed by the Director, Office of Environmental Health Hazard Assessment, each case reported to him or her pursuant to this section within seven days after receipt of any such report (Health and Safety Code, Section 105200).

#### Addresses and phone numbers

Department of Pesticide Regulation, Department of Industrial Relations, Worker Health and Safety Branch, Division of Labor Statistics and Research

P.O. Box 4015 P.O.Box 420603

Sacramento, CA 95812-4015 San Francisco, CA 94142-0603

(916) 445-4222 (voice); (916) 445-4280 (FAX) (415) 703-3020 (Voice); (415) 703-3029 (FAX)

Office of Environmental Health Hazard Assessment Pesticide and Environmental Toxicology Section (PETS) 1515 Clay Street, 16<sup>th</sup> Floor Oakland, CA 94612 (510) 622-3170 (Voice); (510) 622-3218 (FAX)

## Part 3.Definitions (abridged) of "economic poison" (pesticide) and "pest:"

Food and Agriculture Code, Section 12753 defines an "economic poison" (pesticide) as:

"Any substance, or mixture of substances which is intended to be used for defoliating plants, regulating plant growth, or for preventing, destroying, or mitigating any pest, as defined in Section 12754.5, Which may infest or be detrimental to vegetation, man, animal, or households, or be present in any agricultural or nonagricultural environment whatsoever."

Food and Agriculture Code, Section 12754.5 defines "pest" as:

- "Any of the following that is, or is liable to become, dangerous or detrimental to the agricultural or nonagricultural environment of the state:
  - (a) Any insect, predatory animal, rodent, nematode, or weed;
- (b) Any form of terrestrial, aquatic, or aerial plant or animal, virus, fungus, bacteria, or other microorganism (except viruses, fungi, bacteria, or other microorganism on or in living man or other living animals);
  - (c) Anything that the director, by regulation, declares to be a pest."

#### **AVAILABILITY OF THIS FORM**

Additional copies of this form are available from the Office of Environmental Health Hazard Assessment, PETS, 1515 Clay Street, 16<sup>th</sup> Floor, Oakland, CA 94612. Telephone (510) 622-3170 (Voice) or (510) 622-3218 (FAX).